

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 48453

Registration District No. 237

Primary Registration District No. 4346

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME FREDERICK H. WITTHAUS

3. (b) If veteran, name war WW II 3. (c) Social Security No. 486-20-9552

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3 1918
(Month) (Day) (Year)

8. AGE: Years 29 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Warren County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auto mechanic

11. Industry or business _____

12. Name Edward Witthaus

13. Birthplace Warren City
(City, town, or county) (State or foreign country)

14. Maiden name Anna Schmidt

15. Birthplace Warren City
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Witthaus

(b) Address Portage De Sioux

17. (a) Removal (b) Date thereof March 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director B.C. Dalmeyer, St. Charles, Mo.

(b) Address 800 No 2nd St., St. Charles, Mo.

19. (a) 3-24-48 (b) William J. Spence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Portage De Sioux 72
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21
year 1948 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from DATE
_____, 19____, to DATE _____, 19____,
that I last saw him alive on MARCH 21
and that death occurred on the date and hour stated above.

Immediate cause of death INTRACRANIAL HEMORRHAGE 25 min.

Due to CONCUSSION

Due to TRAUMATIC SKULL INJURY
DUE TO AUTO ACCIDENT.

Other conditions Colles FRACTURE (RT)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENTAL 71

(b) Date of occurrence MARCH 21, 1948

(c) Where did injury occur? Montgomery City - Montgomery, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place?
No.

While at work? Yes (Specify type of place)

(c) Means of injury AUTO ACCIDENT

23. Signature William J. Spence (D. or other)

Address 6116 Montgomery City, Mo. Date signed 3/21/48

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5/10/48

JAN 9 1959

MAY 13 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed E. Berner Schlenker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.